## Saints Peter and Paul Religious Education Form 2024-2025

Please submit BAPTISM CERTIFICATE with registration if not already on file

All grades K-10th (or older needing Confirmation) \$45 per student (\$25 for each additional sibling) \$105 max. Please make checks payable to Saints Peter and Paul Catholic Church and Religious Ed. on the memo line.

| Parents/Guardian                   |                               |          |          |  |                             |
|------------------------------------|-------------------------------|----------|----------|--|-----------------------------|
| Mother's                           | Full Maiden N                 | ame:     |          |  |                             |
| Phone No<br>E-Mail:                | umber:                        |          |          |  |                             |
| Emergency contact: NameChild(ren): |                               |          | Phone    |  |                             |
| Name                               | Birthday                      | Age      | Grade    | Sacraments Received Baptism, Reconciliation, Eucharist, Confirmation | Baptism certificate on file |
|                                    |                               |          |          |  |                             |
|                                    |                               |          |          |  |                             |
|                                    |                               |          |          |  |                             |
|                                    |                               |          |          |  |                             |
|                                    |                               |          |          |  |                             |
|                                    |                               |          |          |  |                             |
| I can assist by: E projects, Be    |                               |          |          | _, Helping with special einstructor                                  | vents or                    |
| Please let us knoeducational.      | ow if your child              | d(ren) h | ıas/have | any special needs eithe  | er medical or               |
|                                    |                               |          |          |  |                             |
| Registration for                   | ficate Verified/R grade level | O        | R sacram | Date:<br>ental prep Program reques<br>Payment info:                  | ted                         |